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Indiana INTERNet

Final Internship Assessment By Student

To be completed at the end of your internship. Feel free to use the back of this sheet or additional pages for any additional comments. A copy of this completed form will be sent to your faculty coordinator and your employer supervisor.

Student Name _____

Semester _____ Year _____

University: _____

Internship Employer: _____

PART I Assess Your Skills: Please assess the degree to which the following skills changed as a result of this internship experience.

| Skill Area | Amount of Change: | No Change | Small Improvement | Moderate Improvement | Large Improvement |
|--------------------------------------|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Written Communication | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral Communication | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Problem Solving | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Decision Making | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal/Team | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self Management | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Word Processing &/or data entry | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spreadsheet &/or database | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Internet/e-mail | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General Knowledge of Business | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specific Job/Industry Knowledge | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Office (filing, copying, etc.) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART II Final Assessment of Your Performance: Please assess your performance or skill level at the end of this internship in the following areas.

1=Lacks this skill 2=Limited/minimal skill level 3=Adequate/average skill level 4=Above average skill level 5=Exceptional skill level N/A = Not Applicable

| Communication Skills | Skill Level | Self Management | Skill Level |
|--|---------------|--|---------------|
| 1. Demonstrates oral communication skills required for the job. | 1 2 3 4 5 N/A | 1. Produces high-quality, error-free work. | 1 2 3 4 5 N/A |
| 2. Writes clearly and concisely. | 1 2 3 4 5 N/A | 2. Adopts new strategies when current approach is not effective | 1 2 3 4 5 N/A |
| 3. Is willing to speak up, communicate information, and ask for clarification. | 1 2 3 4 5 N/A | 3. Uses good judgment/establishes priorities | 1 2 3 4 5 N/A |
| 4. Listens to feedback and acts to improve. | 1 2 3 4 5 N/A | 4. Makes efficient use of time | 1 2 3 4 5 N/A |
| | | 5. Demonstrates/practices ethical behavior. | 1 2 3 4 5 N/A |
| | | 6. Arrives on time and maintains agreed hours. | 1 2 3 4 5 N/A |
| Problem Solving/Decision Making Skills | | Initiative | |
| 1. Analyzes situations and takes appropriate action | 1 2 3 4 5 N/A | 1. Seeks opportunities to learn. | 1 2 3 4 5 N/A |
| 2. Offers creative solutions to problems. | 1 2 3 4 5 N/A | 2. Takes initiative to get a job done even if not specifically told to do so | 1 2 3 4 5 N/A |
| 3. Collects and analyzes information to do a task and establishes a course of action in a specific period of time. | 1 2 3 4 5 N/A | 3. Acts decisively on critical issues. | 1 2 3 4 5 N/A |
| 4. Resolves problems within adequate time period | 1 2 3 4 5 N/A | 4. Completes work despite obstacles/problems | 1 2 3 4 5 N/A |
| | | 5. Sets and communicates goals, follows up with results. | 1 2 3 4 5 N/A |
| Teamwork | | Technical Skills | |
| 1. Makes a positive impact on work team by establishing rapport and credibility. | 1 2 3 4 5 N/A | 1. Has the technical skills required for position | 1 2 3 4 5 N/A |
| 2. Shares information/resources with others | 1 2 3 4 5 N/A | 2. Is willing to learn new skills and enhance existing technical skills | 1 2 3 4 5 N/A |
| 3. Assists/cooperates with co-workers. | 1 2 3 4 5 N/A | 3. Uses appropriate technology for tasks. | 1 2 3 4 5 N/A |
| 4. Is willing to put in extra time and effort | 1 2 3 4 5 N/A | 4. Uses technology to perform effectively. | 1 2 3 4 5 N/A |
| 5. Assumes appropriate leadership role(s) | 1 2 3 4 5 N/A | | |

In terms of preparation for your learning experience, your **prior academic coursework** was:

☐ very useful ☐ of some use ☐ not very useful

In terms of preparation for your learning experience, your **prior work experience** was:

☐ very useful ☐ of some use ☐ not very useful

The job orientation provided to you by your employer was:

☐ very thorough ☐ sufficient ☐ inadequate

How did your **learning objectives** contribute to the educational benefits of your overall learning experience?

☐ large contribution ☐ some contribution ☐ little or no contribution

Please assess the job responsibilities your employer assigned to you:

☐ difficult to achieve ☐ challenging, but attainable ☐ not challenging

How would you assess the **overall educational value** of your internship experience?

☐ very valuable ☐ generally worthwhile ☐ of some value ☐ very limited value/no value

How would you assess your overall performance?

☐ outstanding ☐ above average ☐ satisfactory ☐ below average ☐ unsatisfactory

What suggestions do you have to improve the quality of this internship (please include any specific recommendations you have that might be useful to your faculty coordinator, your employer supervisor, or to Indiana INTERNnet.)

What has been the effect of this internship on your career goals?

Employer _____ Address: _____

Employer Supervisor _____ Faculty Coordinator _____
University _____
Department _____

Work Period: from _____ to _____

Did you receive academic credit for this internship experience? _____

Was this internship experience paid or unpaid? _____

Hours per Week _____ Number of Weeks _____ Total Hours _____

Description of Duties: _____

Student Signature _____
Address _____

Date _____
Telephone _____
E-mail _____